



# Information Warehouse

## Security Application

Department: \_\_\_\_\_

Bureau/Institution: \_\_\_\_\_

Physical Location: \_\_\_\_\_

(Building; Street Address; etc.)

User Name: \_\_\_\_\_

Date \_\_\_\_\_

Station Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

For Internal Use Only

### Financial (Accounting) Access being Requested:

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Accounting Agency Code(s)

### Human Resources Access being Requested:

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[MFASIS/HR Department or Company Number(s)]

If this is a new user replacing a previous position incumbent check here : ☐ and,  
enter the name of the previous incumbent \_\_\_\_\_

### Billing Conditions

☐ HR Warehouse - \$40.00

BIS is authorized to begin billing at the following monthly rates:

☐ Financial Warehouse - \$40.00

*Questions about this form and its contents should be directed to Richard A. Smith or Tom Yori at 624-8800*

### Certifications and Authorizations

*I have reviewed this application for MFASIS Information Warehouse access and certify that the above named user is authorized to receive the requested access for completion of the responsibilities of his or her assigned position.*

User: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

MFASIS Security Coordinator \_\_\_\_\_ Date \_\_\_\_\_

**Please Return this form to: Tom Yori - 145 State House Station**

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